



## Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,  
500 E Capitol Ave., Pierre, SD 57501-5070

RECEIVED

JAN 31 2006

S.D. SEC. OF STATE

See pages 9 &amp; 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Codington County DemocratsComplete Mailing Address 205 7<sup>TH</sup> AVE NW Watertown, SD 57201Name of Person Making Report Carol Maloney Daytime Phone Number 605-886-2113If you are a candidate, what office are you seeking? N/A

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

N/AType of Report (See pages 4 & 5 of Guideline Book) YEAR-END ReportFor Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12-31-05*The following verification must be completed before submitting report.*

## VERIFICATION OF PERSON MAKING REPORT

I Carol Maloney (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.Date: 1-29-06

Carol Maloney, Treasurer  
 Candidate Signature or  
 Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 1<sup>st</sup> day of  
February 06  
Chris Nelson  
 SECRETARY OF STATE

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

\*\$ 240

[illegible]

\*

**For the reporting period ending**

12-31-2005

**Unitemized Contributions from Political Parties:**

\*\$

### Itemized Contributions from Political Parties

| Party Name | Address |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |

\$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

**Total of Itemized Contributions from Political Parties:**

\*\$

**Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.**

[illegible][illegible]**Total of Itemized Contributions from Political Action Committees:**\* $\$$ **Total of All Direct Contributions (Sum of all lines with an \*)**

\$ 240.00

Name of Candidate or Committee: Codington County Democrats  
 For the reporting period ending: 12-31-2005

### Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

| Type or Name of Event | Net Proceeds |
|-----------------------|--------------|
| N/A                   |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
|                       |              |
| Total:                |              |

### Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

| Nature of Non-Cash Contribution | Name, Residence Address & Place of Employment | Estimated Value |
|---------------------------------|---|-----------------|
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
|                                 |   |                 |
| Total:                          |   |                 |

### Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

| Source of Income | Amount |
|------------------|--------|
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |
| Total:           |        |

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. **All contributions to candidates and committees must be listed individually.**

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N/A

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

[illegible]**Total Obligations:**

Name of Candidate or Committee: Codington County Democrats  
For the reporting period ending: 12-31-2005

### Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 512.55
2. Receipts
  - Schedule A - Direct Contributions \$ 240
  - Schedule B - Fund-Raising Events \$ \_\_\_\_\_
  - Schedule C - In Kind Contributions \$ \_\_\_\_\_
  - Schedule D - Other Income \$ \_\_\_\_\_
  - Total of all Receipts \$ 240
3. Total Monetary Receipts (A+B+D) \$ 240
4. Candidate's Personal Contribution to Own Campaign \$ \_\_\_\_\_
5. Monetary Loans to Candidate or Committee During Reporting Period \$ \_\_\_\_\_
6. Monetary Loans Repaid During Reporting Period \$ \_\_\_\_\_
7. Expenditures - Schedule E \$ 266.67
8. Unpaid Obligations - Schedule F \$ \_\_\_\_\_
9. Amount on hand at the close of this reporting period. \*  
This should equal lines (1+3+4+5) - (6+7) \$ 485.88

## SECRETARY OF STATE

State Capitol, Suite 204  
500 East Capitol Avenue  
Pierre, South Dakota  
57501-5070  
sdsos@state.sd.us  
www.sdsos.gov



**Chris Nelson**  
Secretary of State

Chad Heinrich  
Deputy

## State of South Dakota

**Voluntary Statement of Organization for a  
Political Action or Ballot Question Committee**

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filing.

FULL NAME OF COMMITTEE: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COMMITTEE TREASURER: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF COMMITTEE (PAC or Ballot Question): \_\_\_\_\_

If you are a ballot question committee, please also indicate the measure which you are supporting or opposing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of person submitting voluntary registration